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APPLICANTS

Ali Bani-Hashemi, Walnut Creek, CA;

** CONTINUING DATA *NONE AB* *****

** FOREIGN APPLICATIONS *NONE AB* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/14/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met
☒ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *AB*

ADDRESS
 Siemens Corporation
 Intellectual Property Department
 186 Wood Avenue South
 Iselin, NJ
 08830

TITLE
 Patient positioning by video imaging

FILING FEE RECEIVED 1224	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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